HCFA MEDICARE • MEDICAID
Health Care Financing Administration

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HEALTH watch

New Pneumonia Guidelines Can Improve Care

To help improve health care for the more than 600,000 Medicare beneficiaries who are hospitalized each year with pneumonia, the Health Care Financing Administration recently recommended that the Nation's physicians and hospitals review new clinical practice guidelines for pneumonia developed by the Infectious Diseases Society of America (IDSA).

A major focus of HCFA's National Pneumonia Project is to encourage hospital pneumonia treatment consistent with the published recommendations of pneumonia experts, such as those of the IDSA, as well as recommendations for the prevention of pneumonia published by the Advisory Committee on Immunization Practices.

"The management of pneumonia has changed dramatically in the last few years because of the evolution of resistance and the concern for abuse of antibiotics. These guidelines provide a timely method to deal with issues."

—John G. Bartlett
Immediate past president of the Infectious Diseases Society of America

See GUIDELINES on page 6

CAMPAIGN

HCFA Administrator Appears on NBC's Today Show to Kick-Off *Medicare & You 2001*

On September 4, 2000, Administrator Nancy-Ann DeParle was interviewed on NBC's Today Show, kicking off the campaign for *Medicare & You 2001*.

The interview started with Anne Curry, Today Show news anchor, asking why people should not treat the handbook like junk mail. The Administrator responded that beneficiaries have told HCFA that they found last year's copy to be a useful reference tool, and HCFA doesn't believe that they will throw this year's copy away. Medicare now covers new prevention benefits, which are outlined in the handbook. These include colorectal cancer screening, Pap smears, pelvic exams, and diabetes education. All of these services will help the beneficiary to stay healthy.

Curry commented on how she found the handbook easy to read, with large typeface and graphics to illustrate many of the facts and figures. The Administrator pointed out that HCFA went to beneficiaries around the country, and asked what colors and typeface to use, and whether the amount of information was too much or not enough.

DeParle went on to explain how HCFA expects *Medicare & You 2001* to be used. No one expects a beneficiary to read the book cover-to-cover; however, it should be placed with other important papers to be referred to when needed. It can also be used as a tool for other family members to help the beneficiary make health care choices.

During the 5-minute interview, the Administrator was able to touch on the 1-800-MEDICARE (1-800-633-4227) number, the www.medicare.gov Web site, and the State Health Insurance Assistance Program (SHIP), all of which are referenced in *Medicare & You 2001*. She also told the viewing audience that delivery of the handbooks would begin in the middle of September. The handbook was featured twice on camera, building audience familiarity with the cover of the book.

In responding to a question about whether there was a lack of knowledge about what is covered by Medicare, DeParle said, "The Clinton Administration has put a premium on getting information out to beneficiaries about what is covered and what isn't covered, and what their choices are. We feel that will help them stay healthy."

Susie Butler, a health insurance specialist in the Center for Beneficiary Services' Beneficiary Education & Publications Group, contributed this article.

The *HCFA Health Watch* is published monthly, except when two issues are combined, by the Health Care Financing Administration (HCFA) to provide timely information on significant program issues and activities to its external customers.

MISSION —We assure health care security for beneficiaries.
VISION — In the stewardship of our programs, we lead the Nation's health care system toward improved health for all.
GOALS — Protect and improve beneficiary health and satisfaction • Promote the fiscal integrity of HCFA programs • Purchase the best value health care for beneficiaries • Promote beneficiary and public understanding of HCFA and its programs • Foster excellence in the design and administration of HCFA's programs • Provide leadership in the broader public interest to improve health.
OBJECTIVES — ***Customer Service*** • Improve beneficiary satisfaction with programs, services and care • Enhance beneficiary program protections • Increase the usefulness of communications with constituents, partners, and stakeholders • Ensure that programs and services respond to the health care needs of beneficiaries.
Quality of Care • Improve health outcomes • Improve access to services for underserved and vulnerable beneficiary populations • Protect beneficiaries from substandard care.
Program Administration • Build a high quality, customer-focused team • Enhance program safeguards • Maintain and improve HCFA's position as a prudent program administrator and an accountable steward of public funds • Increase public knowledge of the financing and delivery of health care • Improve HCFA's management of information systems/ technology.

MICHAEL M. HASH, *Acting Administrator*

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You may browse past issues of the *HCFA Health Watch* at ***www.hcfa.gov/publications/newsletters/healthwatch/***. Also, should you wish to make an address change or comment on an article, send your E-mail to ***healthwatch@hcfa.gov***.

Message from the Acting Administrator

MICHAEL M. HASH

MEDICARE is in the midst of one of its most important activities of the year — getting its beneficiaries ready for the coming year with spanking new copies of the *Medicare & You 2001* handbook.

More than 34 million copies of the updated Medicare handbook are being mailed in the fall months to beneficiaries all across the United States.

It is Medicare's largest annual mailing, and an important part of Medicare's comprehensive effort to help beneficiaries understand their health care options, whether through original fee-for-service Medicare or through Medicare+Choice plans.

The *Medicare & You 2001* handbook provides the most up-to-date, comprehensive Medicare information available from the Health Care Financing Administration. It is one of the primary tools used by HCFA to inform seniors and people with disabilities about their Medicare benefits, rights and responsibilities.

This year more than 300,000 handbooks also are being mailed to physicians who treat Medicare beneficiaries.

The 2001 handbook includes:

- Updated "Questions and Answers" to help beneficiaries make good decisions about their health care;
- Updated information about managed care, including Medicare+Choice enrollment rates; and
- Information about the first private fee-for-service Medicare+Choice plan currently available in selected states.

This information should help people with Medicare evaluate the quality of care and value that both Medicare+Choice plans and original Medicare provide. Together with the 1-800-MEDICARE (1-800-633-4227) toll-free telephone line and our Web site, beneficiaries now have even more information at their fingertips to help them make the right choices about their health care. Each state also provides free health insurance information through the State Health Insurance Assistance Program. A toll-free telephone number for each state can be found in the Medicare handbook.

The 2001 version of the Medicare handbook continues to contain performance and customer satisfaction information about original Medicare and Medicare+Choice plans, including such important and helpful information as the percentage of women who received screening mammograms, and the overall rating of care by patients in their managed care plan.

Medicare now covers more preventive benefits, such as annual screening mammograms, colon cancer and prostate cancer screening and diabetes self-management training. Beneficiaries can find out more about these preventive benefits by taking advantage of the handbook, Web site and toll-free information line.

As the Medicare population grows, these resources help us get straightforward, helpful information to beneficiaries and their families and caregivers.

Medicare to Increase Choice for People With Disabilities Through Local Centers for Independent Living in Four States

The Health Care Financing Administration will provide $150,000 to each of four local Centers for Independent Living in Maine, Massachusetts, Oklahoma and Pennsylvania. The centers, which are funded by the U.S. Department of Education, are local consumer-led organizations devoted to helping people with disabilities live and work in their communities.

The demonstration project funding will support efforts by these centers to help individual beneficiaries choose and obtain wheelchairs and ongoing maintenance, as well as special features such as removable tires, carrying packs, extra padding, and desktops that otherwise might cost them more money.

The four centers chosen will provide information, referrals and assistance to increase consumers' direct involvement in choosing and negotiating the best price for wheelchairs and special features. The centers are: Alpha One Center for Independent Living, Portland, Maine; Center for Living and Working, Worcester, Mass.; Ability Resources Inc., Tulsa, Okla.; and Center for Independent Living of Southwest Pennsylvania, Pittsburgh, Pa.

The four centers will provide beneficiaries with information about seating clinics and physician referrals, if necessary. Beneficiaries will submit requests for prior authorization and negotiate with DME suppliers. Any savings will be used to purchase additional features or equipment that Medicare otherwise would not cover. Medicare will pre-approve payment for a beneficiary's wheelchair based on their individual medical needs.

"These projects represent another step toward giving individuals with disabilities the tools to live and work more independently with dignity in their communities," said Judith E. Heumann, Assistant Secretary for Special Education and Rehabilitative Services in the Department of Education. "We are hopeful that efforts like these will assist people with disabilities in achieving greater employment outcomes. We are pleased to partner with HHS to build a bridge between independent living centers and the Medicare program."

HCFA solicited proposals specifically from Centers for Independent Living because of their work to promote empowerment of people with disabilities and their ability to reach significant numbers of beneficiaries through referral, advocacy, peer counseling and skills training. HCFA and the Department of Education will identify and share any innovations and best practices that evolve under the demonstration project.

HCFA's funding will support the development of plans to support these consumer-driven approaches. HCFA expects to begin paying for claims submitted under these demonstrations in one to two years.

Medicare provides health care coverage to nearly 40 million seniors and disabled Americans, including an estimated 6 million with significant disabilities. For more information about Medicare, visit Medicare's consumer information Web site at **www.medicare.gov** or call **1-800- MEDICARE (1-800-633-4227).**

Selected Health Issues on the Web

http://newfederalism.urban.org/pdf/anf b22.pdf

Health Insurance Coverage of the Near Elderly

This brief, written by Niall Brennan, focuses on the link between health insurance coverage and health care access and utilization for the low-income near elderly. It provides a recent look at health insurance coverage among the 55- to 64-year-old population.

http://newfederalism.urban.org/pdf/anf b21.pdf

Disparities in Health Insurance and Access to Care for Residents Across U.S. Cities

Compiled by Dr. E. Richard Brown, Roberta Wyn, and Stephanie Teleki of the UCLA Center for Health Policy Research with support from the Commonwealth Fund, this study of health insurance coverage in 85 U.S. metropolitan areas reveals that uninsured rates vary widely among cities.

http://www.cmvf.org/publist/#pno392

Public Health Coverage for Adults: How States Compare

This brief, written by Brenda C. Spillman, asks: "Do policy makers expand public coverage of children when debate arises about the uninsured?" Three quarters of Americans without health insurance are nonelderly adults.

http://www.hcmarketplace.com/free/emailnls.cfm

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Electronic Standards to Simplify Health Care Transactions

HHS Secretary Donna E. Shalala recently announced standard formats to streamline the processing of health care claims, reduce the volume of paperwork, save the U.S. health care system billions of dollars and provide better service for providers, insurers and patients.

The new standards, described in a regulation that was published in the *Federal Register*, establish standard data content and formats for submitting electronic claims and other administrative health transactions. All health care providers will be able to use the electronic format to bill for their services, and all health plans will be required to accept these standard electronic claims, referral authorizations and other transactions.

"From the beginning of this administration, President Clinton has been committed to using new technology to benefit both the American people and American business. This is just the latest in a series of actions by the Clinton Administration that improve quality and efficiency while also cutting costs and protecting privacy," Secretary Shalala said. "These standards are important steps toward a faster, simpler, less costly and more efficient health care system. Working closely with the private sector, we have developed standard electronic formats to replace today's costly and complex forms."

By promoting the greater use of electronic transactions and the elimination of inefficient paper forms, the administrative simplification regulations are expected to provide a net savings to the health care industry of $29.9 billion over 10 years.

The proposed regulation was required by the Health Insurance Portability and Accountability Act of 1996, known as HIPAA. In developing the proposal, HHS consulted extensively with private sector organizations and individuals and published a preliminary rule in 1998. More than 17,000 public comments on the proposal were received.

"Each comment was studied in preparing the final rule issued today," Shalala said. "The issues were very complex, but our consultations with the private sector helped us to resolve the issues and present solid solutions in the final regulation."

HHS will take additional steps later this year, issuing further regulations under HIPAA authority to improve the processing of health care transactions. The regulations will establish national identification numbers for employers and health care providers to speed claims processing and lower costs. In addition, HHS will lay out steps to make electronic health data secure, and protect the privacy of patients' medical and health insurance records. This will be done without the need for a unique personal identifier for individual patients.

At present, different insurers require different electronic and paper forms from health care providers filing claims. Under the new regulation all electronic claims transactions must follow the single standardized format. Providers will still be allowed to use paper forms, but the simplified process is expected to encourage more electronic filing.

By law, health plans — with the exception of small self-administered plans — health care clearinghouses, and health care providers that choose to transmit their transactions in electronic form must comply with these rules within 26 months from the date of publication of this final rule, except that small health plans have an additional year in which to comply.

Secretary Shalala cautioned that this rule is being released under the assumption that privacy protections will be in place at about the same time the rule takes effect. By the compliance date, HHS expects that its regulation on privacy of medical records will also be in effect or Congress will have enacted such protections. The HHS regulation on privacy has been published as a proposal and is expected to be issued as a final rule later this year. If such privacy protections were in place, HHS will seriously consider suspending or withdrawing the transaction regulation, pending appropriate privacy protections.

Other provisions include the following:

- Health plans will be able to pay providers, authorize services, certify referrals, and coordinate benefits using a standard electronic format for each transaction. Providers will also be able to use a standard format to determine eligibility for insurance coverage, ask the status of a claim, request authorization for services or specialist referrals, and receive electronic remittance to post receivables.
- New standards for other common transactions and coding standards for reporting diagnoses and procedures in the transactions.
- Employers who provide health insurance to their workers and their dependents also will be able to use a standard electronic format to enroll or disenroll employees and to submit premium payments to any health plan they contract with.
- A process for maintaining the format and content of the standard transactions system. National health care standard organizations and data comment committees will accept and review requests for changes to the standards.

Plan Now: Expect Flu Vaccine Supply Delays and Possible Shortages

The flu season is almost upon us. This year will present more challenges than past years because of a delay in the flu vaccine shipments and even a possible reduction of available flu virus vaccine for the 2000–01 season.

The total amount of vaccine available for the flu season is uncertain at this time. However, the Department of Health and Human Services, the Food and Drug Administration and the Centers for Disease Control and Prevention (CDC) are actively working with manufacturers to determine how much and when vaccine will be available. The amount of available flu vaccine will become clearer within the next two months. The CDC is urging all health care providers who provide the flu vaccine to their patients to consider ways to ensure their high-risk patients receive vaccination if a severe shortfall were to occur.

The CDC also encourages delaying adult mass flu vaccination campaigns to November (usually recommended for October through mid-November) to diminish the possibility that these campaigns will need to be canceled because vaccine is not available.

CDC Flu Vaccine Recommendations for the 2000-01 Flu Season Only

Annual vaccination against the flu is the best way to reduce hospitalizations and deaths from flu complications. These infections result in approximately 20,000 deaths and 110,000 hospitalizations per year in the United States. Recommendations include:

- **Organized flu vaccination campaigns should be delayed.** Health care providers planning organized flu vaccination campaigns for the 2000-01 flu season should delay vaccination campaigns until November. The purpose of this recommendation is to minimize cancellations of vaccine campaigns and wastage of vaccine doses resulting from such cancellations.

- **Flu vaccination of persons at high risk for complications from the flu should be vaccinated during their regular health care visits.** Routine flu vaccination activities in health care settings (especially vaccination of persons at high risk for complications from the flu and other persons in close contact with persons at high risk for complications from the flu) should proceed as normal with available vaccine.

- **Providers should develop specific contingency plans for an influenza vaccine shortage.** All the vaccine providers should develop two contingency plans. For early in the season, plans should deal with delays and shortages. The early season plan should assess the ability to redirect vaccine and encourage those at greatest risk to obtain vaccination first. The optimal time for the flu vaccine is October through mid-November. To avoid missed opportunities for vaccinations, persons at high risk for complications should be offered the flu vaccine beginning in September, if vaccine is available. There will be increased production of vaccine later in the season. The late season plan should encourage unvaccinated at high risk for complications of the flu to get the flu shot even after flu activities have occurred in a community. Therefore, those groups should be offered vaccine after mid-November and throughout the flu season as long as vaccine is still available.

For more information, browse CDC's Web site at **http://www.cdc.gov/ncidod/diseases/flu/fluvirus.htm.**

Betty Burrier, a health insurance specialist in the Center for Beneficiary Services' Division of Health Promotion and Program Enrollment, contributed this article.

GUIDELINES from page 1

The IDSA guidelines recommend that health care providers treat pneumonia patients with antibiotics which are shown to reduce mortality rates for hospitalized patients. They also recommend specific antibiotics that are likely to be more active against resistant strains of *Streptococcus pneumoniae*.

The objectives of HCFA's National Pneumonia Project are based on treatment guidelines established by IDSA, the American Thoracic Society and the Centers for Disease Control and Prevention, as well as studies by academic and community researchers who have identified pneumonia treatment processes that lead to improved survival.

"By targeting pneumonia as a clinical priority area, we have the opportunity to improve the health status of the Nation's Medicare beneficiaries," said Peter Houck, M.D., leader of HCFA's National Pneumonia Project. HCFA contracts with a Peer Review Organization (PRO) in each state to work with hospitals and health care providers to carry out Medicare quality improvement projects and to develop effective health care delivery systems and protocols.

PROs currently are working with hospitals and health care providers to:

• Increase the number of pneumonia patients who receive timely antibiotic treatment;

• Increase the initial use of antibiotic therapy consistent with current pneumonia guidelines;

• Increase the collection of blood cultures, when done prior to the initial antibiotic dose; and

• Increase the use of influenza and pneumococcal vaccines for inpatients.

PROs are also working with health care providers and coalitions to increase influenza and pneumococcal vaccination rates among all Medicare beneficiaries. Nationally, the 1998 influenza vaccine rate was 68.5, and the pneumococcal vaccine rate was 56 percent, according to data from Medicare's Current Beneficiary Survey of community-dwelling beneficiaries aged 65 or older.

In the Limelight

Jefferson County, Colo., Resident Honored for Work to Increase Access in the Denver Area to Medicare Information

Terri Longmire, who lives in Morrison, was selected as the Health Care Financing Administration's employee of the month for May by Administrator Nancy-Ann DeParle. A five-year HCFA employee, Longmire is the executive officer in the Denver Regional Office, where approximately 105 employees work.

LONGMIRE

HCFA honored Longmire for helping arrange the Denver office's move in April 1999, to a new downtown location at 1600 Broadway. The office moved from the federal office building at 1961 Stout Street, to improve accessibility for beneficiaries and accommodate additional staff.

Longmire worked with the General Services Administration to find the new office space. She then negotiated with an architectural firm, construction company and building management to ensure the completion, within the agency's deadline.

About 400,000 of the six-state region's 950,000 Medicare beneficiaries live in Colorado.

"Through her efforts, Terri Longmire has provided outstanding service for our beneficiaries and their families living in the Denver area," DeParle said. "She has helped make Medicare information more readily available to customers in that region."

Beneficiaries and their families can come directly to the reception area on the seventh floor to get any materials, handouts or information about Medicare. Area residents can also call the regional office's customer service branch at 303-844-4024 or access the Medicare Web site.

While Denver area residents, if they choose, can visit HCFA's Broadway office in person for information and printed materials, the region also covers beneficiaries throughout Colorado and in five other states — Montana, North Dakota, South Dakota, Utah and Wyoming. These beneficiaries can access the Web site, call the customer service branch in Denver or obtain information from the national toll-free phone number — 1-800-MEDICARE (1-800-633-4227).

Longmire's normal duties include managing the region's annual administrative budget and handling purchasing.

"Our entire office benefits from Terri's positive approach to her work," said Alex Trujillo, acting HCFA Regional Administrator in Denver. "No assignment is too big or small for her to accept and successfully complete in a professional manner."

Calendar of Events

October 12 — Acting Administrator Michael M. Hash addresses the Quality Health Care for Culturally Diverse Populations Conference in Los Angeles, Calif., on *HCFA's Leadership in Assuring Culturally Competent Health Care.*

October 27 — Acting Administrator Hash addresses the Third Annual Conference for Advanced Practice Nurses sponsored by the University of Pennsylvania in Philadelphia, on *Managed Care and Advanced Practice Nursing Policies, Documentation and Payments.*

New Regulations/Notices

Medicare Program; Prospective Payment System for Hospital Outpatient Services; Revision of the Provider-based Location Criteria for Certain PPS-Exempt Facilities [HCFA–1143–P] — Published 8/3. This proposed rule would revise the criteria related to provider-based status requirements for hospitals excluded from the hospital inpatient prospective payment system (PPS) under section 4417 of the Balanced Budget Act of 1997 (BBA). We are proposing to require that satellites of a hospital that qualifies for a PPS exclusion under section 4417 of BBA must be located within the same Metropolitan Statistical Area as the hospital, instead of requiring that these satellites meet the existing requirement of location within the immediate vicinity of the hospital. The satellites of these excluded hospitals would still be required to comply with the other provider-based status criteria.

Medicare Program; Prospective Payment System for Hospital Outpatient Service; Revisions to Criteria to Define New or Innovative Medical Devices, Drugs, and Biologicals Eligible for Pass-Through Payments and Corrections to the Criteria for the Grandfather Provision for Certain Federally Qualified Health Centers [HCFA–1005–IFC[— Published 8/3. This interim final rule with comment period changes one criterion and postpones the effective date for two other criteria that a new device, drug, or biological must meet in order for its cost to be considered "not insignificant" for purposes of determining its eligibility for transitional pass-through payments. It also changes the transitional pass-through payment policy to include new single use medical devices that come in contact with human tissue and that are surgically implanted or inserted in a patient whether or not the devices remain with the patient after the patient is released from the hospital outpatient department. These policies represent a departure from those presented in the April 7, 2000 *Federal Register* final rule with comment period entitled "Prospective Payment System for Hospital Outpatient Services." This interim rule with comment period also corrects a trigger date for grandfathering of provider-based Federally Qualified Health Centers (FQHCs) to conform with the intent not to disrupt existing FQHCs with longstanding provider-based treatment that we discussed in the April 2000 final rule. Under the criteria in the April 2000 final rule with comment period, FQHCs are treated as departments of a provider without regard to the criteria for provider-based status in that document if they meet other criteria and were designated as FQHCs before 1995. Under this correction, facilities that meet those other criteria and were designated as FQHCs or "look-alikes" on or before April 7, 2000, would continue to be treated as provider-based. In addition, we are clarifying how the requirement for prior notice to beneficiaries is to be applied in emergency situations. Also, we are clarifying the protocols for off-campus departments in emergency situations. This interim final rule is effective August 1, 2000, except the amendments to section 413.65(m) that are effective October 10, 2000.

Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities Update [HCFA–1112–F] — Published 7/31. This final rule sets updates to the payment rates used under the Prospective Payment System (PPS) for the skilled nursing facilities (SNFs), for fiscal year 2001. Annual updates to the PPS rates are required by section 1888(e) of the Social Security Act, as amended by the Medicare, Medicaid, and State Children's Health Insurance Program Balanced Budget Refinement Act of 1999, related to Medicare payments and consolidated billing for SNFs. In addition, this rule sets forth certain conforming revisions to the regulations that are necessary in order to implement amendments made to the Act by section 103 of the Medicare, Medicaid and State Children's Health Insurance Program Balanced Budget Refinement Act of 1999. These regulations are effective on October 1, 2000.

Department of Health and Human Services; Agency Information Collection Activities; Proposed Collection; Comment Request [HCFA–730 & 182] — Published 7/11. In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: New Collection;

Type of Information Collection: Employee Building Pass Application and File;

See NOTICES on next page

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Form No.: HCFA–730 & 182 (OMB #0938–NEW);

Use: The purpose of this system and the forms are to control United States Government Building Passes issued to all HCFA employees and non-HCFA employees who require continuous access to HCFA buildings in Baltimore and other HCFA and HHS buildings;

Frequency: Other; as needed:

Affected Public: Federal Government, and Business or other for-profit;

Number of Respondents: 150;

Total Annual Responses: 150;

Total Annual Hours: 37.50.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access HCRA's Web site address at **http://www.hcfa.gov/regds/prduct95.htm**, or E-mail your request, including your address, phone number, OMB number, and HCFA document identifier, to **Paperwork@hcfa.gov**, or call the Reports, Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards, Attention: Dawn Willinghan, Room N2-14-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

Medicare Program; Prospective Payment System for Home Health Agencies [HCFA–1059–F] — Published 7/3. This final rule establishes requirements for the new prospective payment system for home health agencies as required by section 4603 of the Balanced Budget Act of 1997, as amended by section 5101 of the Omnibus Consolidated and Emergency Supplemental Appropriations Act for Fiscal Year 1999 and by section 302, 305, and 306 of the Medicare Medicaid, and SCHIP Balanced Budget Refinement Act of 1999. The requirements include the implementation of a prospective payment system for home health agencies, consolidated billing requirements, and a number of other related changes. The prospective payment system described in this rule replaces the retrospective reasonable cost-based system currently used by Medicare for the payment of home health services under Part A and Part B. These regulations are effective October 1, 2000.

State Child Health; State Children's Health Insurance Program Allotments and Payments to States [HCFA–1153–N] — Published 9/12. Correction: In the issue of Monday, June 19, 2000, on page 38027, in the second column, in the correction of rule document 00-12879, CFR title "45" is corrected to read CFR title "42" as set forth above.

Medicare Program; Fee Schedule for Payment of Ambulance Services and Revisions to the Physician for Certification Requirements for Coverage of Nonemergency Ambulance Services [HCFA–3036–N] — Published 9/12. This proposed rule would establish a fee schedule for the payment of ambulance services under the Medicare program, implementing section 1834(l) of the Social Security Act. As required by that section, this proposed fee schedule for ambulance services was the product of a negotiated rulemaking process that was carried out consistent with the Federal Advisory Committee Act. The fee schedule described in this proposed rule would replace the current retrospective reasonable cost reimbursement system for providers and the reasonable charge system for suppliers of ambulance services. In addition, this proposed rule would require that payment for ambulance services be made only on an assignment-related basis; establish new codes to be reported on claims for ambulance services; establish increased payment for ambulance services furnished in rural areas based on the location of the beneficiary at the time the patient is placed on board the ambulance; and revise the physician certification requirements for coverage of nonemergency ambulance services. HCFA will consider comments if they are received at the appropriate address, as provided below, no later than 5 p.m. on November 13, 2000. Mail written comments (one original and three copies) to the following address only: Health Care Financing Administration, Department of Health and Human Services, Attention: HCFA–1002–P, P.O. Box 8013, Baltimore, MD 21244-8013.

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